



Dental Indemnity PPO

Good news about dental benefits for Retirees of Arizona State Retirement System

Dental Plan Choice

Our company understands that today's retirees demand choice. That's why we offer a voluntary dental program that allows you to choose between a basic and deluxe plan.

The Hi-Lo Choice provides you with the freedom to choose a dental plan that best fits your individual needs. Compare the cost and benefits of each plan, then determine which plan will work best for you and your family.

Plan Features:

- Freedom to Choose any Dentist, Including Specialists
- PPO Options Available¹
- Fast and Accurate Claims Service
- No Referrals Required

How the Plan Works

This dental plan provides a variety of benefits and allows you and your family to use any dentist or specialist you choose. Benefits are paid after any applicable deductible has been met, up to the annual maximum. Claim payments may be made to you or your dentist, whichever you prefer, unless benefits have been assigned to the provider. To locate

a DHA provider, visit the Assurant web site at www.assurantemployeebenefits.com/ASRS or call DHA at 800-985-9895.

The Choice Is Yours

Freedom Basic provides coverage for some of the more common dental procedures. Freedom Advance also offers valuable protection, and provides increased benefits over the Freedom Basic plan.

Vision Care Program

Your dental plan includes a valuable vision care program. You may have access to coverage and/or discounts on eye exams, eyeglasses, contact lenses and other prescription eyewear.

¹This dental program offers a PPO (Preferred Provider Organization) through Dental Health Alliance (DHA®) that provides a variety of cost saving features. Although you may visit any dentist you choose, you will receive maximum savings if you visit a DHA® provider.

Plan frequencies, limitations and waiting periods apply.

The insurance policy or policies described in this document are underwritten by Union Security Insurance Company, a subsidiary of Assurant, Inc. Assurant Employee Benefits, a business unit of Assurant, Inc., markets life, disability and dental benefits plans as well as related products and services. In this document, the terms, "we", "us", "our", and the like, refer to each as applicable.

Jon Carter
Policy Specialist

Savings You Can See

Monthly Deduction

Retiree	\$35.51
Retiree and one Dependent	\$70.87
Retiree and Family	\$100.29

Freedom Advance-High Option

Benefit Maximum:			
Per Person, Per Policy Year			\$2,500
Coinsurance Percentage Per Person:			
	Type I	Type II	Type III
During the 1 st Year	80%	80%	25%
During the 2 nd Year	80%	80%	50%
During the 3 rd Year and thereafter	80%	80%	50%
Deductible:			
Per Person, Per Policy Year			\$50/\$150
Maximum of three deductibles per family.			
This deductible applies to Type II and Type III Services only.			
(Waived for Type I Services)			

If you are currently enrolled in the ASRS Assurant Employee Benefits Prepaid Dental Plan and would like to enroll in the Comprehensive (High Option) Indemnity Dental Plan your benefits for major services will be paid at the 50% co-insurance level.

If you are currently enrolled in the ASRS Assurant Employee Benefits Limited (Low Option) Indemnity Dental Plan and you would like to enroll in the Comprehensive (High Option) Indemnity Dental Plan your benefits for major services will be paid at the 25% co-insurance level for the first year.

Type I Preventive Dental Services, Including:
♦ Routine Oral Examinations - twice in any 12-month period
♦ Routine Dental Cleanings - twice in any 12-month period (Frequencies combined with Periodontal Maintenance).
♦ Fluoride Treatment - once every 12 months in a row Only for children under age 14
♦ Sealants - No more than once per tooth per person, only for permanent molar teeth Only for children under age 16
♦ Space Maintainer Only for children under age 16 (Includes adjustments within 6 months of installation)
♦ Harmful Habit Appliance - once per person Only for children under age 16 (Not covered if Orthodontic related)
♦ Bitewing X-Rays - once every 12 months

- ♦ X-Rays:
 - ♦ Panoramic or Complete series - once every 60 months
(Panoramic may also be payable in connection with the removal of impacted teeth)
 - ♦ Other X-Rays (See Certificate of Insurance)

Type II Basic Dental Services, Including:
♦ New Fillings
♦ Replacement Fillings - once every 24 months per filling
♦ Simple Extractions, Removal of Exposed Roots, Incision and Drainage
♦ Endodontics (includes root canal therapy)
♦ Endodontic retreatment (covered after 24 months have passed from initial treatment)
♦ Minor Gum Disease Treatment: (Minor Periodontics) <ul style="list-style-type: none"> ♦ Provisional Splinting, Occlusal Adjustments - once every 12 months ♦ Scaling and Root Planing - once every 24 months per area ♦ Periodontal Maintenance - twice in any 12-month period (Frequencies combined with Routine Dental Cleanings)
♦ Major Gum Disease Treatment: (Major Periodontics) <ul style="list-style-type: none"> ♦ Gingivectomy, Osseous Surgery, other major periodontic procedures - once every 36 months per area
♦ Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Type III Major Dental Services, Including:
♦ Complex Oral Surgery; General Anesthesia and IV Sedation when medically required for such Surgery
♦ Initial Placement, Replacement and Maintenance of Inlays, Onlays, Crowns, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

Other Policy Provisions

Benefit Adjustments
Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.

Eligibility
Retiree, spouse and dependent children less than age 26.

Late Entrants
If you elect coverage more than 31 days after your Eligibility Date, your Effective Date will be delayed to the next plan Anniversary Date.

This is a brief description only. It is not a Certificate of Coverage. Please see the Group Policy, which alone determines all rights, benefits, and applicable Limitations and Exclusions. We and the policyholder have the option to cancel the group policy.

Savings You Can See

Monthly Deduction

Retiree	\$16.67
Retiree and one Dependent	\$35.25
Retiree and Family	\$64.54

Freedom Basic-Low Option

Benefit Maximum:

Per Person, Per Policy Year	\$1,000
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Coinsurance Percentage Per Person:

Type I Dental Services	100%
Type II Dental Services	80%

Deductible:

Per Person, Per Policy Year	\$50/\$150
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Maximum of three deductibles per family.

This deductible applies to Type II Services only.
(Waived for Type I Services)

If you are currently enrolled in the ASRS Assurant Employee Benefits Limited (Low Option) Indemnity Dental Plan and you would like to enroll in the Comprehensive (High Option) Indemnity Dental Plan your benefits for major services will be paid at the 25% co-insurance level for the first year.

Type I Preventive Dental Services, Including:

- ◆ Routine Oral Examinations - twice in any 12-month period
- ◆ Routine Dental Cleanings - twice in any 12-month period (Frequencies combined with Periodontal Maintenance)
- ◆ Fluoride Treatment - once every 12 months in a row Only for children under age 14
- ◆ Sealants - No more than once per tooth per person, only for permanent molar teeth Only for children under age 16
- ◆ Space Maintainer (includes adjustments within 6 months of installation) Only for children under age 16
- ◆ Harmful Habit Appliance - once per person Only for children under age 16 (Not covered if Orthodontic related)
- ◆ Bitewing X-Rays - once every 12 months

Type II Basic Dental Services, Including:

- ◆ X-Rays:
 - ◆ Panoramic or Complete series - once every 60 months
 - ◆ Other X-Rays (See Certificate of Insurance)
- ◆ New Fillings

- ◆ Replacement Fillings - once every 24 months per Filling
- ◆ Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- ◆ Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections
- ◆ Minor Gum Disease Treatment: (Minor Periodontics)
- ◆ Provisional Splinting, Occlusal Adjustments - once every 12 months
- ◆ Scaling and Root Planing - once every 24 months per area
- ◆ Periodontal Maintenance - twice in any 12-month period (Frequencies combined with Routine Dental Cleanings)

Other Policy Provisions

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.

Eligibility

Retiree, spouse and dependent children less than age 26.

Late Entrants

If you elect coverage more than 31 days after your Eligibility Date, your Effective Date will be delayed to the next plan Anniversary Date.

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Limitations & Exclusions

Benefits are not payable for:

Treatment which is not dentally necessary, does not have uniform professional endorsement or is experimental or investigational in nature; treatment of the temporomandibular joint; treatment related to changing or maintaining vertical dimension, altering or restoring occlusion, bite registration or bite analysis; treatment which does not have a reasonably favorable prognosis; treatment provided primarily for cosmetic purposes; replacement of natural teeth missing on the effective date of insurance; orthodontic treatment, unless such insurance is provided under the list of covered dental services.

Treatment not included in the list of covered dental services; treatment started before the date insurance begins; treatment started before any applicable waiting period has been served; treatment completed after insurance ends; athletic mouthguards; replacement of lost or stolen appliances; myofunctional therapy; infection control; oral hygiene instruction; broken appointments; completion of claim forms; exams required by a third party; travel time; transportation costs; professional advice given on the phone.

Treatment received due to war, riot, assault or felony; treatment for a work-related injury; treatment of an intentionally self-inflicted injury; treatment performed outside of the United States, other than emergency dental treatment; treatment provided by the person's employer or a member of the person's immediate family; treatment for which a charge would not have been made in the absence of insurance; treatment for which the insured does not have to pay; treatment that has not been both delivered to and accepted by the insured.

Vision Discount Services



ACCESS PLAN

Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor's usual and customary fees for eye exams¹
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options²
- **Contact Lenses** – 15% discount on VSP network doctor's contact lens exam fee.
- **Laser VisionCareSM** – VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers

Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out

How to Use VSP

Locate a VSP doctor near you. You may either use our Web-based doctor locator at www.vsp.com, or call VSP at 800.877.7195 to request a doctor listing.

Identify yourself as a VSP member and be prepared to provide the *enrolled member's* social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

¹Note: Does not apply to contact lens services. See contact lens section for applicable discount.

²Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

VSP Member Services Support: 800.877.7195

Visit our Web site at www.vsp.com

VSP